

CROWLEY, HAUGHEY, HANSON, TOOLE & DIETRICH PLLP

ATTORNEYS AT LAW
ESTABLISHED 1895

MAR 6 2 29 PM '98

BILLINGS

500 TRANSWESTERN PLAZA II
490 NORTH 91ST STREET
P.O. BOX 2529
BILLINGS, MONTANA 59103-2529
PHONE (406) 252-3441

Janice L. Rehberg

DIRECT DIAL: (406) 255-7239
FAX: (406) 252-5292
E-MAIL: jrehberg@crowleylaw.com

March 6, 1998

Anne Weissenborn
FEDERAL ELECTION COMMISSION
Washington, D.C. 20463

RE: MUR 4378

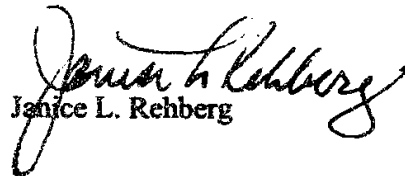
Dear Ms. Weissenborn:

I was reviewing my open files recently (something like spring cleaning, you know), and noted that I had not yet sent in the enclosed reimbursement form. I apologize for not being more prompt. I would appreciate your processing the reimbursement and sending it directly to Denny, as we did not bill these expenses through the firm.

In addition, please let me know when this matter has been concluded so that I may close my file (and avoid fall cleaning). Thanks for your assistance in this regard. Hope you have been able to stay dry amidst the El Nino rains.

Very truly yours,

CROWLEY, HAUGHEY, HANSON,
TOOLE & DIETRICH P.L.L.P.


Janice L. Rehberg

JLR:eb
Enclosures

| | | | | | | | |
|--|---|---|--------------------------------------|---|--------------------|--|-----------|
| TRAVEL VOUCHER <i>(Read the Privacy Act Statement on the back)</i> | | 1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE <div style="text-align: center; font-weight: bold;">FEC</div> | | 2. TYPE OF TRAVEL <input type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION | | 3. VOUCHER NO. 4. SCHEDULE NO. | |
| TRAVELER (PAYEE) | 5. a. NAME (Last, first, middle initial) Rehberg, Dennis R. | | | b. SOCIAL SECURITY NO. | | 6. PERIOD OF TRAVEL a. FROM 9/19/97 b. TO 9/21/97 | |
| | c. MAILING ADDRESS (Include ZIP Code) 4401 Highway 3 Billings, MT 59106 | | | d. OFFICE TELEPHONE NO. 651-0292 | | 7. TRAVEL AUTHORIZATION a. NUMBER(S) 1 b. DATE(S) 9/18/97-9/21/97 | |
| | e. PRESENT DUTY STATION | | | f. RESIDENCE (City and State) Billings, MT | | 10. CHECK NO. 11. PAID BY | |
| | 8. TRAVEL ADVANCE a. Outstanding b. Amount to be applied c. Amount due Government (Attached: <input type="checkbox"/> Check <input type="checkbox"/> Cash) None d. Balance outstanding | | | 9. CASH PAYMENT RECEIPT a. DATE RECEIVED b. AMOUNT RECEIVED \$ c. PAYEE'S SIGNATURE | | | |
| 12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used show claim on reverse side.) | | | | | | | |
| I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) ▶ Traveler's Initials | | | | | | | |
| | | AGENT'S VALUATION OF TICKET (a) | ISSUING CARRIER (Initials) (b) | MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c) | DATE ISSUED (d) | POINTS OF TRAVEL | |
| | | | | | | FROM (e) | TO (f) |
| Ticket paid for by FEC prior to travel. | | | | | | | |
| 13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher. | | | | | | | |
| TRAVELER SIGN HERE | | | | | | DATE 11/25/98 AMOUNT CLAIMED \$ 243.97 | |
| NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 297; i.d. 1501). | | | | | | | |
| 14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 650a).) | | | | | | 17. FOR FINANCE OFFICE USE ONLY COMPUTATION a. DIFFERENCES, IF ANY (Explain and show amount) | |
| APPROVING OFFICIAL SIGN HERE DATE | | | | | | \$ | |
| 15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION a. VOUCHER NO. b. D.O. SYMBOL c. MONTH & YEAR | | | | | | d. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION Certifier's initials: | |
| 16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT AUTHORIZED CERTIFYING OFFICIAL SIGN HERE DATE | | | | | | \$ | |
| 18. ACCOUNTING CLASSIFICATION | | | | | | c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): \$ | |
| 19. NET TO TRAVELER | | | | | | \$ | |

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

INSTRUCTIONS TO TRAVELER (Unlisted items are self explanatory)

Col (c) If the voucher includes per diem allowances for members of employee's immediate family, show members' names, ages, and relationship to employee and marital status of children (unless information is shown on the travel authorization)

Col (d) Show amount incurred for each meal, including tax and tips, and daily total

Col (e) Show expenses, such as laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals)

Col (f) Show total subsistence expense incurred for actual expense travel

Col (g) Show per diem amount, limited to maximum rate, or if travel on actual expense, show the lesser of the amount from col (f) or maximum rate

Col (h) Show expenses, such as taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

Complete this information if this is a continuation of TRAVEL AUTHORIZATION NO. **TRAVELER'S LAST NAME** **Rehberg**

| DATE | TIME (Hour and am/pm) | DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) | ITEMIZED SUBSISTENCE EXPENSES | | | | | MILEAGE | | | AMOUNT CLAIMED | | |
|-----------|-----------------------|--|-------------------------------|-----------|------------|-----------|-------------------|-------------|-------------------------------|------------------|----------------|-----------------|-----------|
| | | | BREAKFAST (d) | LUNCH (e) | DINNER (f) | TOTAL (g) | LANCIOUS SUBS (h) | LODGING (i) | TOTAL SUBSISTENCE EXPENSE (j) | NO. OF MILES (k) | MILEAGE (l) | SUBSISTENCE (m) | OTHER (n) |
| 9/18 | 12:21 | lunch | | 3.72 | | 3.72 | 15.00 | | | | | | |
| 9/18 | 4:30pm | cab | | | | | | | | | | | |
| 9/18 | 11:00pm | dinner | | | 50.79 | 50.79 | | | 69.51 | | | 69.51 | |
| 9/19 | 9:00am | breakfast | 8.25 | | | 8.25 | | | | | | | |
| 9/19 | 12:42pm | lunch | | 24.71 | | 24.71 | | | 39.46 | | | 39.46 | |
| 9/19 | 6:00pm | cab | | | | | 6.50 | | | | | | |
| 9/18 | | per diem witness fee | | | | | 40.00 | | | | | | |
| 9/19 | | per diem witness fee | | | | | 40.00 | | | | | | 120.00 |
| 9/21 | | per diem witness fee | | | | | 40.00 | | | | | | |
| 9/18-21 | | lodging - prepaid | | | | | | prepaid | | | | | |
| 9/18 | 5:00 a.m. | cab | | | | | 15.00 | | | | | 15.00 | |
| 9/8, 9/21 | | Travel - prepaid | | | | | | | prepaid | | | | |
| SUBTOTALS | | | | | | | | | | | 123.97 | 120.00 | |
| TOTALS | | | | | | | | | | | 123.97 | 120.00 | |

If additional space is required, continue on another SF 1012-A BACK, leaving the front blank

In compliance with the Privacy Act of 1974, the following information is provided: Selection of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101.7), E.O. 11609 of July 22, 1967, E.O. 11702 of March 27, 1962, E.O. 9397 of November 22, 1943, and 38 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies when relevant to civil

criminal or regulatory investigations or prosecutions or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited when the authority of the Internal Revenue Code 126 U.S.C. 6011(b) and 6109 and E.O. 9397, November 22, 1943, for use as a taxpayer's employer identification number disclosure is mandatory on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances. However, failure to provide the information is voluntary in all other instances. Support the request may result in delay or loss of reimbursement.

Enter grand total of columns (l), (m) and (n), below and in item 13 on the front of this form.

TOTAL AMOUNT CLAIMED \$ 243.97